

Cincinnati Christian Schools Elementary After School Care Application

Student Name

Grade

Nickname

Teacher

Address

City

State

Zipcode

Mother's Name

Work Phone

Cell Phone

Father's Name

Work Phone

Cell Phone

Emergency Contact Numbers (at least 3 must be provided)

1. _____
Name

Phone

Relationship

2. _____
Name

Phone

Relationship

3. _____
Name

Phone

Relationship

4. _____
Name

Phone

Relationship

My child may be released to the following people:

1. _____
Name

Phone

Relationship

2. _____
Name

Phone

Relationship

3. _____
Name

Phone

Relationship

I understand that I am responsible for paying for all After School Care fees on a timely basis. By the signature below, I agree to comply with all the Policies and Procedures of the After School Care program of Cincinnati Christian Schools. I understand that all of the behavior/discipline regulations found in the elementary handbook are also applicable. I understand that failure to comply with these policies may result in expulsion from the After School Care program.

Signature of Parent

Date